

SIDPERS INPUT AND CONTROL DATA AUTHENTICATION AND TRANSMITTAL		
The proponent agency is NGB-ARP. The prescribing directive is NG Pam 600-8-1.		
1. DATE PREPARED:	2. ORIGIN CODE:	3. BATCH NUMBER:
4. THRU:	5. TO:	6. FROM: (Reporting Unit Designation Section & Phone)
7. ATTACHED SOURCE DOCUMENTS HAVE BEEN VERIFIED AS COMPLETE AND ACCURATE.		
INPUT FORMS	PERTAINING TO	COUNT
a. Officer Accession		
b. Enlisted Accession		
c. Extension of Enlistment		
d. Personnel Change		
e. Phys Exam SF 88 & 93		
f. Transfer Orders		
g. Atch/Relief from Atch		
h. Grade Change Orders		
i. Early Adv to PV2		
j. MOS Orders		
TOTAL		
REMARKS:		
8. NAME, TITLE, GRADE & BRANCH OF CERTIFYING OFFICER:		DATE PROCESSED AT SIB:
9. SIGNATURE OF CERTIFYING OFFICER:		SIB ANALYST'S INITIALS: